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## IBS: The GI System in Distress

By Carol Ann Brannon MS RD LD

It is considered impolite, even embarrassing, to discuss something as personal and private as your bowel habits. Yet, chronic episodes of constipation and/or diarrhea can be debilitating. Irritable bowel syndrome (IBS) is a chronic gastrointestinal disorder characterized by stomach pain, bloating, abnormal bowel movements, chronic bouts of constipation, and/or diarrhea. The specific IBS symptoms may vary from individual to individual with each individual having their own pattern of gastrointestinal distress. For one person IBS may be nothing more than an occasional nuisance, but for others IBS pain is intense and interferes with activities of daily living. Children, as well as adults, suffer from IBS, the least understood gastrointestinal illnesses. It is estimated that somewhere between 8 to 17 percent (about 35 million people) of the US population suffers from IBS, but only 20 to 50 percent of sufferers seek treatment.

In the past IBS was referred to as a "spastic colon" or "nervous colon," or even worse, a person might have been told that their symptoms were simply "all in their mind." However, IBS is a recognized "real" illness often triggered by stress. There is no definitive laboratory test for diagnosing IBS, rather a diagnosis is made by ruling out other diseases with similar symptoms, such as ulcerative colitis, colon cancer, diverticulosis, parasites, and infectious illnesses.

**Screening Questions:** If you answer “yes” to the following two questions you may want to consult with your physician.

During the past three months have you experienced continuous or recurrent symptoms of:

1. Abdominal pain or discomfort which is relieved by defecation, and/or associated with a change in frequency of stool, and/or associated with a change of consistency of stool?

2. Two of the following at least 25 percent of the time?

- Altered stool frequency (more than three bowel movements/day or fewer than three bowel movements per week)
- Altered stool form (lumpy/hard or loose/watery stools)
- Altered stool passage (straining, urgency, or feeling of incomplete evacuation)
- Passage of mucus
- Bloating or feeling of abdominal distension

The exact cause of IBS is unknown. Many factors play a role in IBS development. Stress does not directly cause IBS, but stress and anxiety are triggers. Inflammation and irregular muscular contractions are suspected.

The gastrointestinal tract works like a well-synchronized factory machine. The digestive tract is a 30-foot long muscular tract extending from the mouth to the anus. Food enters through the mouth after being chewed and passes through the esophagus into the stomach where enzymes and digestive juices are excreted to promote digestion then muscle contractions transport food to the small intestine where majority of digestion and absorption occurs. The transit time through the gastrointestinal tract is between 24 and 72 hours.

There is no “magic bullet” or cure for IBS, rather treatment involves dietary changes, stress management, and possibly medications.

**Dietary Changes:** A healthy diet is beneficial for everyone, but especially important for IBS sufferers. A diet rich in fiber, especially insoluble fiber (wheat bran, whole grains), is important for those experiencing constipation, while a diet higher in soluble fiber (fruits, vegetables, beans) is beneficial for bouts of diarrhea or loose stools. Fiber should not be increased too rapidly. Consume healthy omega-3 fats (nuts, fish, flaxseed) as these are anti-inflammatory; avoid foods containing unhealthy saturated and trans fats. Avoid any foods that are suspected of triggering IBS symptoms, the most common culprits are milk, gluten, a protein found in wheat, oats, barley, rye, and a multitude of processed foods, beans, cruciferous vegetables (cabbage, broccoli, cauliflower), and carbonated beverages.

The FODMAPS diet, which stands for **F**ermentable **O**ligo-, **D**i-, and **M**ono-saccharides, and **P**olyols, has been proven effective for IBS sufferers. FODMAPS are short-chain carbohydrates that can trigger diarrhea, bloating, and flatulence. It is recommended to work closely with a Registered Dietitian to implement the FODMAPS diet as it is a complex elimination diet, but can provide much needed IBS relief.

**Medications**, like antispasmodic or anticholinergic, can be helpful for temporary relief of abdominal cramps. In severe cases, antidiarrheal drugs or laxatives may be used, but with great caution. Certain antidepressants can relieve pain and improve the motility of the digestive system.

**Stress management** is an essential part of treatment. It is essential to get enough sleep and physical exercise, as well as employ relaxation techniques like breathing exercises, meditation/prayer, or yoga.

While IBS is a chronic illness, there are many things sufferers can do to alleviate symptoms and take back control of their life. If you suffer from IBS, do not delay in

assembling your IBS treatment team, a physician, dietitian, and fitness/wellness coach.  
There is hope and help!